

APPLICATION FOR RECIPROCITY CERTIFICATION

MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

This notice is provided pursuant to State Government Article, § 10-624, Maryland Code Annotated. The personal information requested on this form is intended to be used in processing your application. Failure to provide the information requested may result in your application not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment ("MDE") is a public agency and subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

(Please print or type all information)

Name:	Social Security Number:City:		
Address:			
State:	Zip:Telephone:		
Email Address:			
II. CATEGORY AND CLASS OF R	RECIPROCITY APPLIED FOR		
Wastewater Treatment (W)	1 2 3 4 5 6 S A		
Water Treatment (T)	1 2 3 4 5 G		
(For Water 5 write RO, DE, Ars	rsenic or GWUDI)		
Industrial Wastewater (I)	1 2 3 4 5 6 7		
Wastewater Collection (C)	1 2		
Water Distribution (D)	1		
III. <u>EDUCATION</u> :			
High School Graduate?	Yes [] No [] GED []		
Name of High School:			
IV. <u>CURRENT EMPLOYMENT INF</u>	ORMATION:		
Employer's Name	Telephone:		
Immediate Supervisor's Name	Telephone:		
Name of the Facility:	Class:		

Date Employed:		_
Total operating experience in this	facility (in hours):	_
V. PREVIOUS OPERATING F	EXPERIENCE: (Complete this part only if you since your original application)	
Dates From - To	Name, Address & Phone # of the Employer/Name of Immediate Supervisor	Summarize Your Duties/ Responsibilities as an Operator
•	er state, please provide a letter from your pa type/size of plant and your responsibilities.	1 2
VI. APPLICANT'S STATEME	NT:	
information give by me is true	eation contains no willful misrepresentations e and complete to the best of my knowledge ose my misrepresentation or falsification, med.	and belief. I am aware that should ar
Date		Applicant's Signature
VII. <u>OWNER'S OR APPOINT</u>	ING PERSON'S STATEMENT:	
	ade by the applicant as part of this application and that he/she is of good moral character and	
Date		Name of Authorized Person
Signature		Title

For questions, please call: (410) 537-3167

<u>NOTE:</u> Certificate fee is \$200.00 for each category. Make checks payable: Board of Waterworks and Waste Systems Operators. Mail to: the Maryland Department of the Environment, P. O. Box 2057, Baltimore, Maryland 21203-2057

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